

	, beparement	s/Reports Print	PAGE 339		
t# Status Report#	Dept Report	Dept.Name Report.Name	Facility Facility Name		
2706496 DIS IN	РНҮ	Physician Documentation	NSM		
0322-0453	PHY.PNHOSP	Hospitalist Progress Note	Santa Rosa Memorial		
2/2015 1206	Transcril	bed.by Altaf,Mujeeb MD	03/22/2015 1206		
Altaf,Mujeeb		Signed Date/Time 03/22/15 1	.211		
)	Report#	Report# Report 02706496 DIS IN PHY 0322-0453 PHY.PNHOSP 02/2015 1206 Transcril	Report# Report Report.Name 22706496 DIS IN PHY Physician Documentation 0322-0453 PHY.PNHOSP Hospitalist Progress Note 22/2015 1206 Transcribed.by Altaf,Mujeeb MD		

Init.WDoc:

1 **Descr:** Template Assessment/Plan

Reason for hospitalization

33yo F experienced an anoxic brain injury $\mbox{w/}$ cardiopulmonary arrest in the ED waiting \mbox{room}

(1) Anoxic encephalopathy

Status: Acute

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Pt had a in hospital cardiopulmonary arrest due to Aspiration Pneumonia clearly concurred from the CXR, CT scans showing RLL consolidation and Dr Lauterbach's note that food was aspirated from the ET tube.

CT head was (-) for any acute intracranial abnormality MRI showed multiple relatively symmetric regions of cortical restricted diffusion are observed involving the posterior frontal, parietal, and occipital lobes. Findings are consistent with laminar necrosis which may be seen with hypoxic ischemic injury or prolonged hypoglycemia. Findings may also be seen with a excitotoxic damage related to continued uncontrolled seizure activity. EEG: nonspecific encephalopathy.

CTA: (-) for PE Echo Results:

LCHO RESULLS;

- 1. Normal left ventricular size and systolic function with EF 60% $\,$
- 2. Left atrial enlargement.
- 3. No structural or functional valvular abnormalities of significance with the possible exception of some pulmonic regurgitation.
- 4. Mild pulmonary hypertension.

 $\ensuremath{\mathsf{PEG}}$ has received trach and $\ensuremath{\mathsf{PEG}}$ tube, on tube feeds, with poor prognosis for recovery.

Cont eye drops and lacri-lube

Placement being pursued with Kentfield; awaiting to hear back. Will place when the timing is appropriate and the family is in agreement

(2) End stage renal disease

Status: Chronic

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Continuing HD per Nephrology

cont to monitor electrolytes (hyperkalemia, hypermagnesemia)

cont renavite, paricalcitol prn and epo

(3) Anemia of renal disease

Status: Chronic

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Case 3:16-cv-02645-SI Document 50-7 Filed 06/13/17 Page 3 of 4

DATE: 02/23/16 @ 1528 USER: ROMANORO01	Northern Cali ITS Reports: Patients	PAGE 360		
Account# Name	Unit# Status Report#	Dept Dept.Name Report Report.Name	Facility Facility.Name	
SV0083448563 GUTIERREZ,CYNTHIA Att.Phys Sanders,Victor Dictated.by Altaf, Mujeeb MD Signed.by Altaf,Mujeeb Phys CC'd Southwest Community,Health	03/24/2015 1015 for Altaf,Mujeeb	PHY Physician Documentation PHY.PNHOSP Hospitalist Progress Note Transcribed.by Altaf,Mujeeb MD Signed Date/Time 03/24/15	NSM Santa Rosa Memorial 03/24/2015 1015 1024	

1

* * REPORT * * * *

Type: Templ Form.or.Screen:

Init.WDoc:

1 **Descr:** Template Assessment/Plan

Supersupply (Castron

Reason for hospitalization

33yo F experienced an anoxic brain injury w/ cardiopulmonary arrest in the ED waiting room

(1) Anoxic encephalopathy

Status: Acute

Condition Status: Unchanged

Diagnosis Present on Admission: Yes

Assessment/Plan: Pt had a in hospital cardiopulmonary arrest due to Aspiration Pneumonia clearly concurred from the CXR, CT scans showing RLL consolidation

and Dr Lauterbach's note that food was aspirated from the ET tube. Whether there was a component from use of dilaudid in er is possible.

Unfortunately now she has severe anoxic brain injury.

She would require placement in a LTAC.

Pt has received trach and PEG tube, on tube feeds, with poor prognosis for recovery.

Cont eye drops and lacri-lube

Placement being pursued with Kentfield; awaiting acceptance.

CT head was (-) for any acute intracranial abnormality MRI showed multiple relatively symmetric regions of cortical restricted diffusion are observed involving the posterior frontal, parietal, and occipital lobes. Findings are consistent with laminar necrosis which may be seen with hypoxic ischemic injury or prolonged hypoglycemia. Findings may also be seen with a excitotoxic damage related to continued uncontrolled seizure activity. EEG: nonspecific encephalopathy.

CTA: (-) for PE

Echo Results:

- 1. Normal left ventricular size and systolic function with EF $60\ensuremath{\mbox{\$}}$
- 2. Left atrial enlargement.
- 3. No structural or functional valvular abnormalities of significance with the possible exception of some pulmonic regurgitation.
- 4. Mild pulmonary hypertension.

(2) Acute respiratory failure
Status: Acute

Condition Status: Resolved Diagnosis Present on Admission: Yes

Assessment/Plan: s/p Trach. Cause was Aspiration Pneumonia

Likely due to her Severe Gastroparesis

268

															7
TRIAGE TIM	E /	ROOM	. 1	(AM RM		COMP	UTER OL	ACUIT	3 4 5		RIVAL WALKED	W/C	CARRIE		TCHER
CHIEF CO	OMPL	AINT	10	772	7	٠		<u> </u>	_	MEDICS UNIT		/10	TIGHTN	FSS	BURNING
Carc	dia	COVY	<u>25t</u>						1 .	FLACC			PRESSU		ACHING
	- 3					•			RADIAT	ION				STABBING	THROBBING
AMVISIT	then NOITH	PTA P	24. 17.4	DOING DOING	ngroe	Ima	7.fr	an. 10	Sinits	Humilias	☐ SPINAL PREC	AUTIONS	R.N. SIG	2 2	,
TIME:			TIALS:	ILA ML	ııcı į	17776	IURSII	NG ASS	ESSME	VT C =		— = neg	7	1	
NEUROLO	GIC	□ N/A			VASCU		□ N/A		PIRATORY		ABDOMEN / GU	□ ħ/A			LETAL X N/A
1	,	in Unrespo			le Flus	shed		Regu	lar / Irreguli	ar Apresic	B.S. Present / Ab	sent			seline / MAEW
Orlented to Person / Pl		ime / Event		Varm / ()rv / Mo	Jooi ist / Dia	phoretic	C	Clear		R / L / Bilat	der	Deformity / Abnormal Gait Laceration			
None / A			77	VD / Pe	dal Edei	-			Crackles [Distended N/V/D/Const	inated		Bldg sh / Burn / A	hracion
	-	tated / Anxic argic / Apha:	us F	Pulses Rhvthm	Pf	n/	rate 3	37 V	Rhonchi (Vheezes (Urinary △	nharen		scolored	DIASIUII -
		eak Hi pitch	0	ap Refi	II			Dim	ninished [Dysurla Vag. Bleed / Disc	harna	Ea	r Pulling Pain	
Weakness	/Numb E/LE	bness R/L	1 1	leart So	unds				Absent \ or Grunti		Jaundice	iliai y t	_	·	
3		Hypo Hy	per _							Retractions					
Ant Font S	Soft/Flat	t Sunk B	ulg _				-	Coug	h Nonprod	I / Prod			_		
BP		Р	R r	PULSE C		2/RA	+	OF	RAL I	SUALAC: OD	os o	ו עכ	MP	PREG	LACT
212/128	15	50 5	a	(0)	bo	agymae	194	A TEMP		CR UNC 20/	20/ 20/	,	G	. P	AB
SCREENING		t: TB F	ALL RISK	ISO	<u> </u>						 				=
SUICIDE A	ABUSE					MHx			_		Dysrhy			M / AICD	CABG
Learning Bar	rriers_					sthma	со	PD Pr	_		Dialysis Ki	dney Dis	Migrai	ine TIA	CVA Trauma
LEP		7	_ INTER		R AI	lz/Der	mentia	Seizu	ure NI	DDM (IDDN	1) Thyroid	GERD	PUD I	Pancreatit	is Liver Dis
l] STATED MEASURE		LOW	Ps	sych_			 ,	_ Appy Ch	ole Hyster	Hepat	itis HIV	CA Rec	ent Inf
WT		☐ ESTIMATE ☐ STATED		IZATION	s So	ос Нх	ETO	H Rec	Orugs S	mokerP	PD Lives Alor	ne			
HT		MEASURE		NUS	- 1										
	_ L] ESTIMATE	D		-										·
TIME		1	D	V #1	TIME -		T		IV #2	TIME	ENDOTRACHEA	L TUBE	VENTIL AT	TOR MODE	ACDC
TIME 12 -	7 NUED	# At	tempts			/IN I II NO		_ # Attemp	L-J ·	0728	1 1 (į.	TOR MODE	i A
TIME	7 NUED	# At	tempts CT 🗆	<u> </u>	INIT	ANTINYO		INIACI	L-J ·	0728 INSERTED BY	lauter	pach_		RATE	
DISCONTI	NUED	# At	tempts CT SIZE 2	V FLU	INIT_ JIDS	ANTINO	SITE	SIZI	E	OTAS INSERTED BY SIZE S.	lauter	oach _/CM LIPS	FIO2 10	RATE	14 vt_400
DISCONTI	NUED	L # At	tempts CT 🗆	V FLU	INIT_ JIDS	ANTINYO	SITE	SIZI	E	OTAS INSERTED BY SIZE S. PLACEMENT O	lauter/ Dett/24 CONFIRMED	pach _/CM LIPS		RATE	
DISCONTI	NUED SIT	# At	tempts CT SIZE 2	V FLU	INIT_ JIDS	ANTINO	SITE	SIZI	E	O728 INSERTED BY SIZE S. PLACEMENT C EID BS	lauter/ Dett/24 CONFIRMED	oach _/CM LIPS	FIO2 1C	RATE	14 vt_400
DISCONTI	NUED SIT	# At	tempts CT SIZE 2	V FLU	INIT_ JIDS	ANTINO	SITE	SIZI	E	OTAS INSERTED BY SIZE S. PLACEMENT O	lauter/ Dett/24 CONFIRMED	CXR	FIO2 10	600 5	14 vt_400
DISCONTI	NUED SIT	# At	tempts CT SIZE 2	V FLU	INIT_ JIDS	ANTINO	SITE	SIZI	E	OTAR INSERTED BY SIZE	CONFIRMED (INSUSAIRED NASOGASTRIC	CXR	FIO2 1C	RATE 5 URII	Vt_400 PS
DISCONTI	NUED SIT	# At	tempts CT SIZE 2	V FLU	INIT_ JIDS	ANTINO	SITE	SIZI	E	OTAR INSERTED BY SIZE SIZE PLACEMENT OF BEID BEID BEID BEID BEID BEID BEID BEID	CONFIRMED (INSUSAIRED NASOGASTRIC	CXR	FIO2 IC PEEP_	FATE	14 vt_400 PS
DISCONTI	BAG #	# At	tempts CT SIZE 2	V FLUS	INIT_ JIDS	ANTINO	SITE	VOL. INFUSED	E	OTAR INSERTED BY SIZE S, PLACEMENT OF SS TIME OTSS INSERTED BY SIZE 18	CONFIRMED (1) PRISE/FALL NASOGASTRIC Deb Bish	CXR	PEEP	RATE DO DO DO DO DO DO DO DO DO D	Vt_400 PSNARY CATHETER D BIShop WURINE METER
DISCONTII INIT IMM	BAG #	# ATH INTO	tempts ACT SIZE A BC TIME	V FLUS	INIT_ JIDS	RATE	RN INIT	VOL. INFUSED	TIME DONE	OTAR INSERTED BY SIZE RICHARD PLACEMENT OF BEID BE TIME OF ST INSERTED BY SIZE 18 COLOR TRO	Dett / 24 CONFIRMED INASOGASTRIC PLACEMENT / DISCHAPENT / DISCHAPENT / DISCHAPENT /	CXR CTUBE	FIO2 CPEEP SINSERTE CATH SIZ APPEAR	D URIII	Vt_400 PS NARY CATHETER D B Shop AURINE METER Y □ GROSS BLOOD
TIME TIME	BAG #	# ATH INTO	tempts ACT SIZE A BC TIME	V FLUS	INIT	RATE	RN INIT	VOL. INFUSED	TIME DONE	OTAR INSERTED BY SIZE S, PLACEMENT OF SS TIME OTSS INSERTED BY SIZE 18	CONFIRMED (1) PRISE/FALL NASOGASTRIC Deb Bish	CXR CTUBE	FIO2 CPEEP SINSERTE CATH SIZ APPEAR	RATE DO DO DO DO DO DO DO DO DO D	Vt_400 PS NARY CATHETER D B Shop AURINE METER Y □ GROSS BLOOD
TIME TIME	BAG #	# ATH INTO	tempts ACT SIZE A BC TIME	V FLUS	INIT	RATE	RN INIT	VOL. INFUSED	TIME DONE	OTAR INSERTED BY SIZE RICHARD PLACEMENT OF BEID BE TIME OF ST INSERTED BY SIZE 18 COLOR TRO	Dett / 24 CONFIRMED INASOGASTRIC PLACEMENT / DISCHAPENT / DISCHAPENT / DISCHAPENT /	CXR	FIO2 CPEEP SINSERTE CATH SIZ APPEAR	S URIII DE JO ANCE CLOUD VELTOW	Vt_400 PS NARY CATHETER D B Shop AURINE METER Y □ GROSS BLOOD
DISCONTII INIT IMM	BAG #	# ATH INTO	tempts ACT SIZE A BC TIME	V FLUS	INIT_ JIDS	RATE	RN INIT	VOL. INFUSED	TIME DONE	OTAR INSERTED BY SIZE RICHARD PLACEMENT OF BEID BE TIME OF ST INSERTED BY SIZE 18 COLOR TRO	Dett / 24 CONFIRMED CONFIRMED NASOGASTRIC NASOGASTRIC PLACEMENT / PLACEMENT / RES VOL. Leuko Nitrates	CXR CXR CXR CXR CXR CXR CXR CXR CXR	FIO2 CPEP SINCE INSERTE CATH SIZ APPEAR, COLOR CHEAT COLOR SIZE OF COL	S URIII S URIII S DE LO BY DE LO BI	NARY CATHETER DESTRUCTION NARY CATHETER DESTRUCTION NARY CATHETER DESTRUCTION NARY CATHETER OF BISHOP AURINE METER OF GROSS BLOOD RES VOL.
TIME TIME	NUED SIT BAG #	WOLUME TYPE	tempts ACT SIZE A BC TIME	V FLUS	INIT INIT INIT INIT INIT INIT INIT INIT	RATE	RN INIT	VOL. INFUSED	TIME DONE	INSERTED BY SIZE SIZE PLACEMENT OF BS TIME OFS9 INSERTED BY SIZE S COLOR FCC GUIAC: + -	Det / 24 CONFIRMED RISE/FALL NASOGASTRIC PLACEMENT / PLACEMENT / RES VOL. Leuko Nitrates Urobiii	CXR CTUBE	FIO2 LC PEEP TIME INSERTE CATH SIZ APPEARA COLOR OH OH Slood Spec Gr	S URIII DE JO BY DE ANCE R ACLOUD	NARY CATHETER DESTRUCT VI 400 PS
TIME TIME	BAG #	WOLUME TYPE	tempts ACT SIZE A BC TIME	V FLUS	INIT INIT INIT INIT INIT INIT INIT INIT	RATE	RN INIT	VOL. INFUSED	TIME DONE	INSERTED BY SIZE SIME PLACEMENT OF BE TIME OFS9 INSERTED BY SIZE S GUIAC: + URINE DIP CLEAN / CATH	Det / 24 CONFIRMED RISE/FALL NASOGASTRIC PLACEMENT / GLSh DYN RES VOL. Leuko Nitrates Urobiii Protein	CXR	FIO2 CPEP STATE OF THE CATH SIZE APPEAR, COLOR SIZE COL	S URIII S URIII S JURIII S JURIII ANCE R PCLOUD VELLOUD BII	NARY CATHETER DESTRUCT VI GROSS BLOOD RES VOL.
TIME TIME	NUED SIT BAG #	WOLUME TYPE	tempts ACT BC TIME	V FLU VI FLU VI FLU VI FLU VI VI VI VI ML	INIT_IIDS INIT_IIDS IIDS IIDS IIDS IIDS IIDS IIDS IIDS	TIME DOTAL OU	RN INIT	SIZI VOL. INFUSED	TIME DONE AMOUNT	INSERTED BY SIZE SIZE PLACEMENT OF BS TIME OFS9 INSERTED BY SIZE S COLOR FCC GUIAC: + -	Det / 24 CONFIRMED RISE/FALL NASOGASTRIC PLACEMENT / GLSh DYN RES VOL. Leuko Nitrates Urobiii Protein	CXR	FIO2 LC PEEP TIME INSERTE CATH SIZ APPEARA COLOR OH OH Slood Spec Gr	S URIII S URIII S JURIII S JURIII ANCE R PCLOUD VELLOUD BII	NARY CATHETER DESTRUCT VI GROSS BLOOD RES VOL.
TIME TIME	NUED SIT BAG #	WOLUME TYPE	tempts ACT BC TIME	V FLU VI FLU VI FLU VI FLU VI VI VI VI ML	INIT_IIDS INIT_IIDS IIDS IIDS IIDS IIDS IIDS IIDS IIDS	TIME DOTAL OU	RN INIT	SIZI VOL. INFUSED	TIME DONE AMOUNT	INSERTED BY SIZE SIME PLACEMENT OF BE TIME OFS9 INSERTED BY SIZE S GUIAC: + URINE DIP CLEAN / CATH	CONFIRMED CONFIRMED RISE/FALL NASOGASTRIC PLACEMENT / PLACEMENT / RES VOL. Leuko Nitrates Urobiii Protein	CXR CTUBE TOD 20	TIME ONL INSERTE CATH SIZ APPEARA COLOR OH Glood Spec Gr Ketone	S URIII S URIII S JURIII S JURIII ANCE R PCLOUD VELLOUD BII	NARY CATHETER DESTRUCT VI GROSS BLOOD RES VOL.
TIME TIME	NUED SIT BAG #	VOLUME TYPE TYPE ROSA	Henry	V FLUS VOLUS VOLUS VOLUS VOLUS ML	INIT_IDS ME R	TIME	RN INIT	SIZI VOL. INFUSED	TIME DONE AMOUNT	INSERTED BY SIZE SIME PLACEMENT OF BE TIME OFS9 INSERTED BY SIZE S GUIAC: + URINE DIP CLEAN / CATH	CAT CONFIRMED CONFIRM	CXR CTUBE TOD 20	FIO2 CPEP SINCE INSERTE CATH SIZ APPEAR. CLEA COLOR SIGNOR	S URIII S URIII S JURIII S JURIII ANCE R PCLOUD VELLOUD BII	NARY CATHETER DESTRUCT VI GROSS BLOOD RES VOL.
TIME TIME	NUED SIT BAG #	VOLUME TYPE TYPE ROSa	tempts ACT BC TIME	V FLUS VOLUS VOLUS VOLUS VOLUS MAL MACCONTROL CAF	INIT_IIDS INIT_IIDS INIT_IIDS IIIDS IIDS IIIDS I	TIME	RN INIT	SIZI VOL. INFUSED PE Ital	TIME DONE AMOUNT	INSERTED BY SIZE SIME PLACEMENT OF BE TIME OFS9 INSERTED BY SIZE S GUIAC: + URINE DIP CLEAN / CATH	Det / 24 CONFIRMED RISE/FALL NASOGASTRIC PLACEMENT / PLACEMENT / RES VOL. Leuko Nitrates Urobili Protein CAT	CXR	FIO2 CPEP SINCE INSERTE CATH SIZ APPEAR. CLEA COLOR SIGNOR	S URIII D BY De ANCE R P CLOUD GI GI	NARY CATHETER DESTRUCT VI GROSS BLOOD RES VOL.